

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008458

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1601

STATE FILE NUMBER

FILED FEB 19 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

2110 Penrose St.

Length of stay in 1b

70yrs.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY OR TOWN

St. Louis

d. STREET ADDRESS

2110 Penrose St.

e. (If outside, give location)

2110 Penrose St.

f. (If outside, give location)

2110 Penrose St.

g. (If outside, give location)

2110 Penrose St.

h. (If outside, give location)

2110 Penrose St.

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aa. (If outside, give location)

2110 Penrose St.

ab. (If outside, give location)

2110 Penrose St.

ac. (If outside, give location)

2110 Penrose St.

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Date of Death

Month

Day

Year

Michael

Cleary

February 12, 1963

70yrs.

Male

White

Married ☒ Never Married ☐Widowed ☐ Divorced ☐

10/28/92

70yrs.

10/28/92

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70yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Guard

Prison

St. Louis Mo.

U.S.

13a. FATHER'S NAME

Michael Cleary

13b. MOTHER'S MAIDEN NAME

Ellen Kelly

14. NAME OF HUSBAND OR WIFE

Emily Byrne Cleary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

008

17. INFORMANT

Edward Cleary

5955 Harney Ave.

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RUPTURED ABDOMINAL AORTIC ANEURYSM

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE WITH HYPERTENSION

DUE TO (c)

451X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PULMONARY EMPHYSEMA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1/18/60

to

2/12/63

and last saw him alive on

2/12/63

Death occurred at

12:45 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

27. DATE SIGNED

28. REGISTRAR'S SIGNATURE

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145. DATE SIGNED

146. REGISTRAR'S SIGNATURE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Loren E. Percy

Licensed Embalmer No.

4094

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.